20		PART	B - FEE(S) TRANS	MITTAL		
				ommissioner for O. Box 1450 lexandria, Virgii 71)-273-2885	Patents nia 22313-1450	
indicated un RASS cette maintenance fee notifica	ed below or directed or tions.	therwise in Block 1, by	(a) specifying a new corre	FION FEE (if requir maintenance fees wi espondence address;	ed). Blocks 1 through 5 il be mailed to the curren and/or (b) indicating a sep	should be completed when it correspondence address a parate "FEE ADDRESS" fo
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23460 7590 08/15/2006				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.		
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1650 Market Street, Suite 4900				(Depositor's name)		
Philadelp	hia, PA 1910	03				(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/075,994	02/15/2002		Usha Kasid		219604	9186
APPLN. TYPE			ONTAINING OLIGONU	T		
L	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	11/15/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS]		
ZARA, JANE J		1635	514-044000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or type	oc)		
PLEASE NOTE: Unle recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee	data will appear on the pa	atent. If an assignee	is identified below, the do	ocument has been filed for
(A) NAME OF ASSIG	NEE .		(B) RESIDENCE: (CITY	and STATE OR COL	CHEGA2 60000884 1	.0975994
Georgetown University				D.C. 01 FC:250	1	700.80 OP
ND NeoPharm, Inc.			Waukegan, Il		4	300.00 OP
Please check the appropria	te assignee category or	categories (will not be pri	inted on the patent):	Individual Corpo	oration or other private gro	up entity Government
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies						
& Change in Entity Statu	s (from status indicated	above)	overpayment, to Depos	it Account Number 5	60-2719 (enclose an	extra copy of this form).
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Main and Tourism and Tour

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MD.

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